



**New Hampshire Department of Health & Human Services  
Pre-Admission Screening Resident Review Services, Disability Determination Services,  
Nursing Facility Level of Care Determination Services**

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**OFFICIAL RESPONSES TO VENDOR QUESTIONS  
RFA-2017-DCS-01-Disab**

<b>No.</b>	<b>Question</b>	<b>Answer</b>
1.	<b>General</b> Is there an incumbent for one, two, or all of the scope of work activities, and if so, please identify the incumbent(s).	Yes. Information regarding the current contract is available on-line at <a href="http://sos.nh.gov/nhsos_content.aspx?id=8589944441">http://sos.nh.gov/nhsos_content.aspx?id=8589944441</a> . This item was approved by the Governor & Executive Council on November 12, 2014, Late Item A.
2.	<b>General</b> For disability determinations— when cases are sent to the vendor, are the cases fully developed?	Cases sent to the vendor for review are fully developed and ready to process.
3.	<b>General</b> For disability determinations— if consultative examinations are required, will NH pay for them?	Yes.
4.	<b>Section 1.2 Contract Period</b> The contract effective date is specified as July 1. a) What is the date in which the vendor will begin providing assessment services under this contract? b) Will a start-up period be provided and, if so, what are	a) It is anticipated that the vendor will begin processing cases on October 1 <sup>st</sup> . b) The startup period would be July 1, 2016 or upon Governor & Executive Council approval, whichever is later.



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No.	Question	Answer
	those time frames?	
5.	<b>Section 1.3 Contract Value</b> Please confirm that bidders are not required to submit a Cost Proposal.	Confirmed.
6.	<b>Section 1.3 Contract Value</b> For the DDU contract, are the 1,000 cases a guaranteed minimum number annually?	1,000 cases is a projection, not a guarantee. The amount will be prorated based upon when the contract is approved by the Governor and Executive Council.
7.	<b>Section 1.3 Contract Value</b> The reimbursement for PASRR Level II evaluations seems high in comparison to the Nursing Facility Level of Care. Please provide additional information about the pricing rationale? For example, is there a scarcity of QMHPs and/or QIDPs to conduct Level IIs?	The PASRR Level II evaluations require additional time to process, as the vendor must contact the medical providers and obtain OMHP and QIDP records to substantiate the decision. The vendor must also complete the MEA.
8.	<b>Section 3.1.1 Statement of Work</b> Please provide additional information about New HEIGHTS. a) Are there specific technical requirements to access HEIGHTS?	a) No. Training for NH EASY will be provided along with a provider code for access. b) No. The PASRR information is uploaded into NH Easy. DHHS staff enter data results into New Heights.



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No.	Question	Answer
	b) Could the contractor implement data exchange with HEIGHTS to transmit PASRR results?	
9.	<b>Section 4.3 Applicant Minimum Requirements</b> Please provide additional information about NH Easy to assist applicants with determining access requirements.	NH Easy is a web based application. For the MEA the application is a fillable form on NH Easy. Any required documents are uploaded with the MEA at the time of submission.
10.	<b>Section 5.1 Mandatory Responses</b> A non-incumbent might not have existing staff in New Hampshire at the time of submitting a proposal. Will the Department accept, for example, an identified implementation team and job descriptions for positions to be dedicated to the contract after award?	Yes.
11.	<b>Section 6 Application Evaluation</b> Would the Department consider requiring the vendor to be a Quality Improvement Organization (QIO) which affords the State the ability to	The Department does not require vendors to be QIOs.



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No.	Question	Answer
	draw down a 75% match funds from CMS? This applies to the entire Scope of Work.	
12.	<b>Section 6 Application Evaluation</b> a) Would the Department be interested in proposed reduced pricing per review? b) Would the Department be interested in alternative pricing, and if so, would it be evaluated as part of the award process?	a) No. The Department has set the price for this application. b) No. See a), above.
13.	<b>Section 8.3.4 Notices</b> Does New Hampshire have programs or resources that may be leveraged by the contractor when sign language interpreters or foreign language interpreters are needed for face-to-face evaluations or written summary reports (e.g., language line resources or other contracts with interpreter agencies)?	No.
14.	<b>Section 8.3.4 Notices</b> Will the vendor incur costs associated with interpreter use as part of the Vendor's responsibility?	Yes.



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No.	Question	Answer
15.	<b>Section 8.3.4 Notices</b> a) Please provide a historical breakdown of interpreter services used by each assessment area. b) If a breakdown is not available, please provide any available estimates of the number of assessments where interpreter services which may be required under this project.	a) The Department does not have access to this information. b) The Department does not have any available estimates.
16.	<b>Section 9.3.2 Application Process</b> Please confirm that the RFA Questions are 5.1 and 5.2.	RFA Questions are found in Section 5.1 and in Section 5.2. There are a total of 4 questions that must be answered.
17.	<b>Section 9.3.7 Application Process</b> In Section 9.3.7 it states that we are to include Appendix C. However, on page 45 in Appendix C it states that "At this stage, applicants are not required to submit their four-factor analysis as part of their application." Please clarify if Appendix C is required in the submission?	The yes/no questions and answers of Appendix C must be included with vendor applications.
18.	<b>Appendix B. Section 8.2</b> Maintenance of Records Are "attendance or visit" records	The face to face evaluations are documented using the MEA or the PASRR Level II screening form. A monthly record must be maintained and submitted to the Department with the billing invoice.



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No.	Question	Answer
	referring to onsite assessment dates for face-to-face evaluations? If not, please clarify what “attendance or visit” records the vendor is required to maintain.	
19.	<b>Appendix D</b> Contractor initials and dates are noted at the bottom of each page in Appendix D. Should the vendor initial, date, and return the Appendix D as part of the technical proposal?	Appendix D is a reference document. Please do NOT return Appendix D with your application package.
20.	<b>Appendix D Section 2 and Volumes (section 1.3 of Request for Services)</b> Are <u>all</u> Level I screens submitted to the vendor <u>or</u> only those Level I screens where a disability of MI and/or IDD is suspected?	All Level I screens are submitted to the vendor and must be uploaded into NH EASY
21.	<b>Appendix D Section 2.1 Scope of Services -PASRR</b> What entities/types of professionals are able to complete the Level I Pre-Admission Screening (PAS) to initiate the referral process?	Nursing Home, Hospital and any medical professional Per He-M 426.04 “Licensed medical professional” means a licensed nurse, advanced practice registered nurse, physician, physician assistant, physical therapist, or occupational therapist.
22.	<b>Appendix D 2.1 Scope of</b>	SFY15 – 6 months – 230



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No.	Question	Answer
	<b>Services-PASRR</b> How many Level I PAS were completed in 2014 and 2015?	SFY16 – 9 months - 444
23.	<b>Appendix D 2.1 Scope of Services-PASRR</b> How many Level I PAS were repeated after 60 days in 2014 and 2015?	Less than 50.
24.	<b>Appendix D 2.1 Scope of Services-PASRR</b> What levels of credentials are expected for the staff completing the Level II evaluations?	QMHP/OMRP
25.	<b>Appendix D Section 2.1.3 Scope of Services-PASRR</b> a. What method of “electronic submission” occurs currently? b. Does the Department and/or vendor maintain an online Level I screen?	a) The Department will require the Level I screen to be uploaded into NH Easy for Medicaid applicant/recipient only. b) The Level I screen is not an online form.
26.	<b>Appendix D Section 2.1.1 Scope of Services -PASRR</b> a. Has the Department established staff qualification requirements	a) Level I PAS are signed a medical doctor or an advanced registered nurse practitioner. b) Level I must be completed by a QMHP/OMRP/RN/qualified medical professional.



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No.	Question	Answer
	for reviewing Level I screens or shall the vendor propose such qualifications? b. If the Department has established Level I reviewer education/experience requirements, please provide those.	
27.	<b>Appendix D Section 2.1.6 Scope of Services-PASRR</b> Does the Department require any notification letters be issued at the conclusion of the Level I screen and, if so, what parties receive notices?	No.
28.	<b>Appendix D Section 2.1.6.1 Scope of Services-PASRR</b> Please clarify the Department's expectation that the Contractor is able to <i>ensure</i> that the Level I PAS occurs prior to admission since the Contractor may not be aware of admissions prior to receiving a PAS.	The vendor will work with the hospitals and nursing facilities to provide contact information to ensure that the Level I PASRR is completed in advance whenever feasible, but always for newly admitted patients. The Department will also identify any missed Level I PASRR approvals for the vendor
29.	<b>Appendix D Section 2.1.6.2 Scope of Services-PASRR</b> Please clarify the Department's	The vendor is not responsible for ensuring placement in a facility.



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No.	Question	Answer
	expectation that the Contractor can ensure placement of an individual in a nursing facility.	
30.	<b>Appendix D Section 2.2 Scope of Service-PASRR</b> What levels of credentials are expected for the QMHP/QMRP staff completing the Level II determinations?	QMHP/OMRP
31.	<b>Appendix D Section 2.2 Scope of Services-PASRR</b> How many PASRR Level II face to face evaluations were completed for MI in 2014 and in 2015?	2015 – 6 months - 45 2016 – 9 months - 124
32.	<b>Appendix D Section 2.2 Scope of Service-PASRR</b> How many PASRR Level II face to face evaluations were completed for ID/RC in 2014 and in 2015?	This information is not available as of this date.
33.	<b>Appendix D Section 2.2 Scope of Service-PASRR</b> How many change of status/significant change evaluations were completed in 2014 and in 2015?	The Department does not have this information. A change of status is completed by the nursing facilities or skilled hospital for medical approval.



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No.	Question	Answer
34.	<p><b>Appendix D Section 2.2.1 Scope of Services and Volumes (section 1.3 of Request for Services)</b></p> <p>a) Of the 200 Level II evaluations specified in Section 1.3 of Request for Services, how many in 2015 were evaluated as IDD evaluations?</p> <p>b) Does the Department require intellectual testing be conducted for individuals with IDD?</p> <p>c) If IQ testing is required, at what frequency (e.g., only if it has not been conducted in 3 years, only if it has not been conducted in 5 years, etc.)</p>	<p>a) This information is unknown.</p> <p>b) Yes. However, this test must be completed by the applicant's/recipient's medical provider.</p> <p>c) Yes, see b), above</p>
35.	<p><b>Appendix D Section 2.2.3.1 Scope of Services-PASRR</b></p> <p>Does the Department specify staff qualifications for conducting Level II evaluations or shall the vendor propose such qualifications?</p>	<p>Staff qualifications for conducting Level II evaluations can be found in Administrative Rule He-M 426.04 (<a href="http://www.gencourt.state.nh.us/rules/state_agencies/he-m.html">http://www.gencourt.state.nh.us/rules/state_agencies/he-m.html</a>).</p>
36.	<p><b>Appendix D Section 2.2.5.2 Scope of Services-PASRR</b></p> <p>Please confirm that the Department uses Qualified Intellectual</p>	<p>Confirmed.</p>



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No.	Question	Answer
	Disabilities Professional (QIDP) and QMRP interchangeably.	
37.	<b>Appendix D Section 2.2.9 Scope of Services-PASRR</b> a) Can Level II evaluation results be electronically transmitted or must they be manually entered? b) If manually entered, will the vendor be uploading the summary and entering the outcome? c) If more significant data entry is required other than entering outcomes and uploading the summary, please list variables that must be entered so that vendors may assess manpower demands.	a) The Level II is uploaded into NH Easy. b) The Department will enter the PASRR approval into New Heights. The vendor uploads the PASRR Outcomes and Summary. c) No additional data entry will be required by the vendor.
38.	<b>Appendix D Section 2.2.12 Scope of Services-PASRR</b> Please provide additional information about the Quality Assurance Plan, such as timing of submission for approval by the Department.	Submissions must be submitted to the Department on a quarterly basis.



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No.	Question	Answer
39.	<b>Appendix D Section 2.3 Scope of Service -PASRR</b> How many referrals resulted in hospital Exemptions in 2014 and in 2015? Of these, how many stayed beyond the 30 days and required a Level II evaluation?	The Department does not have this information.
40.	<b>Appendix D Section 2.3 Scope of Services-PASRR</b> How many referrals resulted in direct admissions due to the individuals having a primary diagnosis of dementia in 2014 and 2015?	The Department does not have this information.
41.	<b>Appendix D Section 2.3 Scope of Services-PASRR</b> How many referrals resulted in provisional admissions due to the individuals needing convalescent and rehabilitative care from acute care hospitals in 2014 and 2015? Of these, how many exceeded 90 days in stay and required a Level II evaluation?	This information is unknown.
42.	<b>Appendix D Section 2.3 Scope of Services-PASRR</b>	Unknown



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No.	Question	Answer
	How many referrals resulted in categorical determinations in 2014 and in 2015?	
43.	<b>Appendix D Section 3 Scope of Services-Disability Determinations</b> Does this process require face-to-face evaluation of the individual or record review only?	Record review only.
44.	<b>Appendix D Section 3 Scope of Services-Disability Determinations</b> How many MERS and eligibility determinations were completed in 2014 and 2015?	FY 15 – 3941 FY 16 - 2450 (over nine (9) months)
45.	<b>Appendix D Section 3 Scope of Services-Disability Determinations</b> a) Will the Department be developing initial cases? b) If so, how will the Department ensure that all medical evidence will be available to the Contractor to make a determination? c) If additional information such as	a) Yes. b) Medical evidence will be located on-line in MMIS Case Management. c) If additional information is necessary, the vendor will contact DDU by email or phone, and the Department will schedule as necessary.



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No.	Question	Answer
	appointments with a psychiatrist or physician is necessary after review of documents, how will requests for additional specialist appointments be communicated and scheduled?	
46.	<b>Appendix D Section 3 Scope of Services-Disability Determinations</b> What role if any will the vendor play in Disability Determination appeals? (e.g., a completed MERS, testimony, etc.)?	None.
47.	<b>Appendix D Section 3 Scope of Services-Disability Determinations</b> a) Is the vendor responsible for issuing any mailed notifications at the conclusion of the Disability Determination process? b) If yes, to who are notifications sent?	a) No. b) See a) above.
48.	<b>Appendix D Section 3.2 Scope of Services-Disability Determinations</b>	a) Yes, the vendor will receive a list of cases to be processed through MMIS. b) See a), above.



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No.	Question	Answer
	a) Is there a queue established for the vendor through the MMIS? b) If not, how is the vendor alerted that a Disability Determination referral is available in the MMIS?	
49.	<b>Appendix D Section 3.2 Scope of Services-Disability Determinations</b> What minimal credentials are required to comprise the vendor's MEA/MRT for each review? (e.g., are both a physician and a RN always required?)	The MRT consists of a medical doctor, psychiatrist/psychologist, vocational specialist and a registered nurse.
50.	<b>Appendix D Section 3.3 Scope of Services-Disability Determinations</b> What is the process if the vendor determines that the information is not clinically adequate to make a Disability Determination?	The Contractor will contact DDU to request additional medical documentation.
51.	<b>Appendix D Section 3.3.4 Scope of Services-Disability Determinations</b> What information is the Contractor required to enter into the MMIS in	Case comments and the decision.



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No.	Question	Answer
	support of eligibility determinations?	
52.	<b>Appendix D Section 4 Scope of Services- NF LOC Determinations</b> How many new NF LOC determinations were completed in 2014 and 2015?	The Department estimates 2500 new applicants per year.
53.	<b>Appendix D Section 4 Scope of Services- NF LOC Determinations</b> How many annual redeterminations for NF LOC were completed in 2014 and 2015?	FY 15 – 3000 FY 16 - 3100
54.	<b>Appendix D Section 4 Scope of Services- NF LOC Determinations</b> a) Has the Department established qualification requirements for assessors conducting onsite LOC assessments or shall the vendor propose such qualifications? b) If the Department has established education/experience requirements, please provide those.	a) In RSA 151-E:3, the introductory paragraph has been amended by Senate Bill 49 to include the wording of skilled professional medical personnel employed by or designated to act on behalf of the Department and shall have the same meaning as in 42 CFR Section 432.50(d)(1). <a href="http://www.gencourt.state.nh.us/rsa/html/xi/151-E/151-E-mrg.htm">http://www.gencourt.state.nh.us/rsa/html/xi/151-E/151-E-mrg.htm</a> b) The vendor will need to complete the NH Easy training and the MEA training.
55.	<b>Appendix D Section 4 Scope of Services- NF LOC Determinations</b>	a) The assessor completes the MEA and the tool determines eligibility based on the input provided. All denials are reviewed by the Department for final



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No.	Question	Answer
	a) Is the assessor the decision maker about LOC decisions or are LOC assessments reviewed by an independent clinician for final determination?  b) If so, please provide qualification requirements.	determination. b) See a), above.
56.	<b>Appendix D Section 4 Scope of Services- NF LOC Determinations</b> If a LOC decision is adverse (e.g., denial), many states require an MD confirm the adverse decision. Does the Department require a higher qualification (e.g. MD) clinician to make adverse decisions?	For a denial, the Department is responsible for gathering additional medical documentation, not the vendor.
57.	<b>Appendix D Section 4 Scope of Services- NF LOC Determinations</b> a) Is the vendor responsible for issuing any mailed notifications at the conclusion of the LOC process? b) If yes, to whom are notifications sent?	a) The vendor is not responsible for issuing any notification for LOC. It is the Department's responsibility.
58.	<b>Appendix D Section 4.5 Scope of Services- NF LOC Determinations</b> How will LOC referrals be received	All referrals will be sent to the vendor through NH Easy.



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No.	Question	Answer
	by the vendor?	
59.	<b>Appendix D Section 4.6 Scope of Services- NF LOC Determinations</b> How are annual due dates managed for CFI annual redeterminations (e.g., is the vendor responsible for tracking this information, is the provider responsible for requesting a reassessment, etc.)?	Redeterminations are sent to the vendor from NH Easy two months in advance of the due date. The vendor is responsible for the management of the redeterminations once assigned by the Department.
60.	<b>Appendix D Section 4.6.2 Scope of Services-NF LOC Determinations</b> Is the requirement in this section for seven business days or seven calendar days?	Seven calendar days.
61.	<b>Appendix D Section 4.8 Scope of Services-NF LOC Determinations</b> Does DHHS have a preferred file format and delivery method for receipt of standard monthly reports?	Excel is the preferred method.
62.	<b>Appendix D, Section 4.8 Scope of Services-NF LOC Determinations</b> a) The requirements of this section suggest that the Contractor will enter the results into the NH Easy online	a) The vendor will upload the MEA, other required forms, Level I and Level II Screen into NH Easy. The vendor will need to have a system to generate reports. b) No. c) Name, address and contact information can be identified in NH Easy.



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No.	Question	Answer
	<p>system and must maintain a proprietary system for reporting in addition. Please confirm.</p> <p>b) Does the NH Easy system generate notifications to providers and individuals?</p> <p>c) Can the Contractor identify demographics in the NH Easy system in order to document and report the demographics of individuals needing specialized services?</p>	
63.	<p><b>Appendix G</b></p> <p>Some of the requirements in Appendix G refer to IT requirements and architecture not mentioned in the RFP or apparently relevant to RFP requirements (e.g., H-13, H-14, H-15).</p> <p>a) Please specify the requirements within Appendix G which are applicable.</p> <p>b) Please provide guidance regarding how the vendor should respond to Appendix G</p>	<p>a) Vendors must respond to all elements in Appendix G.</p> <p>b) If a vendor believes an area of the Appendix G is not applicable, then the vendor must state the reason why they believe the section is not applicable in the Comments section of the form.</p>



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No.	Question	Answer
	requirements which do not apply.	